



LINKED DEPOSIT PROGRAM

Loan Enrollment Form

Background

The Washington State Office of the State Treasurer (OST), Office of Minority and Women's Business Enterprises (OMWBE), and the Department of Community, Trade, and Economic Development (CTED) is responsible for administering the Linked Deposit Program. Both the lender and applicant are required to complete a Loan Enrollment Form for each loan. OMWBE is required to compile information on firms receiving service through the Linked Deposit Program for program oversight and evaluation purposes (RCW 39.19.240). Information collected via the Loan Enrollment Form and the M/WBE certification process is subject to public disclosure (RCW 42.17.260).

This form must be completed in order to enroll a loan in the Linked Deposit Program. All firms are subject to verification of OMWBE certification before loans are enrolled in the program. There is a \$100 million program cap for the amount of loans subject to the 2% interest rate reduction. In the event funds are not immediately available, loans are placed on a waiting list on a first come first serve basis.

Instructions

For the Applicant: Participating lenders must have the loan applicants complete and sign the "Applicant Information" and "Applicant Profile" sections.

For the Lender: The lender must complete the "Lender Information" and "Loan Information" sections at the time the loan application process is completed and the lender has made a final determination on the loan request.

This form may be reproduced as needed.

**Fax Completed Loan Enrollment Form to:
Gerald Ballard, OMWBE, 360-586-7079**

*For program information
contact:*

Gerald Ballard
Office of Minority and Women's
Business Enterprises
406 S. Water St.
Olympia, WA 98504
Phone: 360-704-1196
Fax: 360-586-7079
Email: gerald@omwbe.wa.gov

*For bank enrollment &
CD information contact:*

Jill Gravatt
Office of the State Treasurer
P.O. Box 40200
Olympia, WA 98504-0200
Phone: 360-902-9011
Fax: 360-704-5141
Email: jill@tre.wa.gov

*For information on loan packaging
contact:*

Jim Keogh
Department of Community, Trade, and
Economic Development
Business Finance Unit
Phone: 360-725-4041

Washington State Linked Deposit Program Loan Enrollment Form

A.) Applicant Information (to be completed by certified firm)

Business Name _____

Business Address _____

City _____

State _____

Zip Code _____

Name of Applicant (please print) _____

OMWBE Certification Number _____

B.) Lender Information (to be completed by bank representative)

Bank _____

Bank Address _____

City _____

Zip Code _____

State _____

Bank Representative (please print) _____

Title _____

Phone _____

Fax _____

C.) Loan Information

1.) Amount of Loan Request: _____

2.) Loan Approval Date: _____

3.) Loan Term: _____

4a.) Interest Rate: _____
Rate before LDP reduction

4b.) LDP Interest Rate: _____
Effective rate after LDP reduction

5.) Type of loan:

☐ Line of Credit

☐ Term Loan

☐ Real Estate Loan

6.) Describe what the loan funds will be used for:

7.) Would this loan have been approved in the absence of the Linked Deposit Program?

If the lender is unable to provide the requested information, check "PROPRIETARY."

Yes _____

No _____

Proprietary _____

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D.) Applicant Profile

- 1.) How many employees does the firm employ? _____
- 2.) How many jobs will participation in the Linked Deposit Program affect in the next two years?
- Full time jobs saved: _____ Full time jobs created: _____
- Part time jobs saved: _____ Part time jobs created: _____
- 3.) Will the benefits of the Linked Deposit Program materially contribute to the firm's ability to create or save jobs? If yes, explain:
- 4.) Will participation in the Linked Deposit Program materially contribute to the company's ability to obtain financing? If yes, explain:

E.) Signatures

The undersigned hereby certifies all information contained herein is true, correct, and complete to the best of his/her information and belief.

Applicant Signature

Date

Bank Representative Signature

Date